

Become an Advocate for Elders Who Live in Long-Term Care Facilities



WE CAN HELP

Join the Volunteer Corps of the Office of the Long-Term Care Ombudsman

What is an **OMBUDSMAN**? The Scandinavian word **OMBUDSMAN** (om-budz'-man) means “advocate, or “representative of the people”. The staff and Volunteers of the NH Long-Term Care Ombudsman Program advocate for residents of nursing homes and residential care facilities.

Mission Statement: The Office of the Long-Term Care Ombudsman shall represent the interests and concerns of elders residing in New Hampshire’ long-term care facilities and advocate on their behalf to ensure full realization of their rights to receive quality care and services and to experience an optimal quality of life.

Values: Confidentiality, Resident-centeredness, Respect, Dignity, Autonomy, Self-determination, individual rights, safety, emotion well being, and quality care.

Vision: Each elderly person living in New Hampshire’s nursing homes and assisted living facilities will:

- Have ready access to the advocacy and problem-solving services of the Long-Term Care Ombudsman Program through regular contact with a Certified Program representative;
- Receive timely and appropriate assistance and/or intervention to identify and resolve their problem or concern;
- Receive care in as home-like an environment as possible;
- Be accorded full actualization of their rights, including the right to be treated with dignity and respect at all times and to exercise their right to self-determination;
- Receive care and support from well-trained and educated caring people.



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Certified Long-Term Care Ombudsman Volunteer Representative SERVICE DESCRIPTION

A Long-Term Care Ombudsman Volunteer is Educated and Certified to:

Visit his/her assigned facility regularly, talk with residents and their families, and identify concerns, issues, and complaints. Volunteer Representatives handle many complaints and concerns independently by addressing them with facility staff. Some complaints are reported to the Office of the Long Term Care Ombudsman. The State Long-Term Care Ombudsman appoints Volunteer Ombudsmen Representatives.

Certified Ombudsmen Volunteer Representatives also:

- Observe and monitor the quality of resident care and the quality of residents' life.
- Advocate for the rights, safety and well being of residents, and monitor the facility's implementation of Residents' Rights.
- Educate and inform residents, family members and facility staff about Residents' Rights.
- Encourage resident self-advocacy and self-determination. Encourage residents to work together and with facility staff to address and resolve issues.
- Follow up on problem resolution efforts, both on complaints the Volunteer Representative has handled and, when requested, on those handled by Long-Term Care Ombudsman Program staff.
- Communicate regularly with the Long-Term Care Ombudsman Program staff. Written Facility Visit Reports are submitted monthly. Volunteer Representatives attend continuing education meetings, generally held on a quarterly basis.
- Maintain and ensure confidentiality.
- Develop relationships of trust and respect with residents, family members facility administration and staff.

QUALIFICATIONS: Excellent communication skills, assessment and problem solving ability; fairness, reliability; and an interest in the elderly with a commitment to improving the quality of life and care in long-term care facilities. Conflicts of interest, as determined by the State LTC Ombudsman, are prohibited.

BENEFITS and TRAINING: Prior to acceptance into the program, Volunteer Ombudsmen candidates are interviewed and screened. Certification is awarded following the successful completion of a comprehensive 30- hour education program and 10 hours of preceptored visits to the new volunteer's assigned facility. Periodic continuing education meetings are held to provide Volunteer Ombudsmen with up-to-date information to help them carry out their assigned duties. Mileage expenses incurred in the performance of assigned duties are reimbursed at a rate determined by the State of New Hampshire.

TIME COMMITMENT: Volunteer Ombudsmen are assigned to one or more facilities based on the volunteers' availability, level of experience and desire. Certified Volunteer LTC Ombudsmen make a commitment to provide no less than 10 hours per month in this activity. Facility visits are generally an hour or two in length. Nursing Homes require weekly visits and Assisted Living Facility visits are generally bi-weekly, monthly, or quarterly, depending on the facility. An annual requirement for 8 hours of continuing education is met through attendance at continuing education meetings and/or at facility in-services and other approved opportunities.

For more information or to request an application call the Volunteer Program Coordinator

1-800-442-5640 or (603) 271-4375 e-mail: OLTCO@dhhs.state.nh.us

Or write to: NH Office of the Long-Term Care Ombudsman, 129 Pleasant Street, Concord, NH 03301

LTC OMBUDSMAN VOLUNTEER APPLICATION



WE CAN HELP

*YES! I AM INTERESTED IN BECOMING AN ADVOCATE FOR ELDERS
LIVING IN LONG-TERM CARE FACILITIES.*

Name: _____

Mailing Address: _____

Telephone Number(s): _____ home _____ work/other (cell, beeper)

E-mail address, if any: _____

Emergency Contact: _____

I am interested in joining the program because: _____

BACKGROUND, SKILLS, INTERESTS:

Work Experience (attach a resume if you wish): _____

Present Occupation: _____

Educational Background: _____

Previous Volunteer Service Experience: _____

Special Skills, Interests, Hobbies: _____

REFERENCES:

I learned about this Service Opportunity from: _____

Please list the names and phone numbers of two personal references (not related to you): Letters of reference may be attached if you wish.

Name: _____ Phone: _____

Name: _____ Phone: _____

Please complete the other side of this form as well. Thank you.

AFFIDAVIT:

By signing and submitting this application, I attest that:

1. I do not have a conflict of interest, or potential conflict of interest, as defined by the Office of Ombudsman (see below);
2. I am over the age of 18;
3. All the information I have supplied on this form is true, accurate, and complete to the best of my knowledge;
4. I understand that withholding or giving false information on this form will be sufficient cause for rejection of my application and/or separation from the program's service; and
5. I have reviewed the Volunteer Ombudsman Service Description, and I am willing and able to fulfill the responsibilities outlined therein.

Signature: _____ Date: _____

CONFLICT OF INTEREST:

According to Federal law, conflicts of interest are prohibited. A conflict of interest exists when an employee of the Long-Term Care Ombudsman Program or a Volunteer Ombudsman, or a member of his or her family has personal interests that may compromise his or her ability to fulfill his or her Long-Term Care Ombudsman Program duties. Conflicts include:

- Having a financial, fiduciary or ownership interest in a long term care facility;
- Being currently employed in the long-term care facility to which he or she is assigned;
- Being a resident in a facility to which he or she is assigned;
- Having a family member reside in a facility to which he or she is assigned;
- Being assigned to a facility where he or she had been employed within the last three years; or
- Serving as a resident's agent, medical decision-maker, or in any other capacity that may conflict with the mission of the program.

If there is any question as to whether there is a conflict of interest potential for a conflict of interest, or appearance of conflict of interest, the State LTC Ombudsman shall make the final determination.

The NH Long-Term Care Ombudsman Program does not discriminate on the basis of race, color, national origin, political affiliation or beliefs, sex, sexual orientation, age, or handicap.

ACCEPTANCE as Candidate for Certification

Upon approval of this application, the Volunteer Program Coordinator will contact you for a telephone interview. A personal interview may be requested.

In order to determine your availability to participate in the next Volunteer Ombudsman Certification Program, please list below any time(s) you know you will not be available to participate due to vacations, work schedule, move to winter residence or other commitments:

WE VALUE OUR VOLUNTEERS AND THEIR SERVICE

SUBMIT THIS APPLICATION TO:

Volunteer Program Coordinator
Office of the Long-Term Care Ombudsman
129 Pleasant Street
Concord, New Hampshire 03301-6857

For More Information, Call:

1-800-442-5640
or (603) 271-4375
or e-mail: OLTCO@dhhs.state.nh.us

THANK YOU FOR CHOOSING OUR PROGRAM

For Recruiting and Screening Committee Use:

Date Application Received: _____

Interview Date: _____

References Checked: _____

Comments: _____

Recommendation: _____

Signature of Reviewer: _____

Volunteer Program Coordinator Approval: _____